1994 INVENTORY OF FEDERAL HAZARDOUS WASTE ACTIVITIES AT CURRENTLY **OWNED OR OPERATED FEDERAL FACILITIES**

Facility ID : GA-360015450

Facility name: VA MEDICAL CENTER ATLANTA

Department : VETERANS AFFAIRS

Agency : VETERANS HEALTH ADMINISTRATION

ORIGINAL



PART I: FEDERAL FACILITY GENERAL INFORMATION	
Complete this part for each Federally owned or operated facility.	
Note: This Part applies to all Federal hazardous waste facilities of currently owned or operated by the Government. A "Federally operated facility" or "facility" is defined as all the comproperty owned and/or operated by a Federal agency at any one and at which hazardous waste is stored, treated, or disposed been disposed. The boundary of the Federal facility is the pof the contiguous property owned or operated by the Federal irrespective of the boundary of any CERCLA sites or RCRA facility is the located on the property.	owned or ontiguous location dispense for has berimeter lagency,
A. FEDERALLY OWNED OR OPERATED FACILITY IDENTIFICATION	8811110
1. Facility name: VA MEDICAL CENTER ATLANTA	
2. Federal Facility Identification Number: GA-3600154 3. Provide the RCRA facility EPA ID number for the facility, if applicable:	
B. RESPONSIBLE FEDERAL AGENCY	
1. Facility owner Department: VETERANS AFFAIRS Agency: VETERANS HEALTH ADMINISTRATION Contractor:	
Other : 2. Facility operator (if different from owner) Department:	
Agency : Contractor: Other :	
3. Indicate the type of facility by checking ONE of the nine che GOGO X GOCO GOPO POGO Lessee Foreclosure Trespass Withdrawal Forfeiture	oices:

Facility name: VA MEDICAL CENTER ATLANTA

PART I: FEDERAL FACILITY GENERAL INFORMATION								
Complete this par	t for each F	ederally ow	ned or opera	ted facility				
B. RESPONSIBLE FED	ERAL AGENCY							
4. What is the			one number o	f the person	who			
completed t Name	his survey?	C. JAYNES						
	<u> </u>							
Title	INDUST	RIAL HYGIEN	IIST					
Telephone	(404)7	28-7693						
C. LOCATION OF THE	FEDERALLY C	WNED OR OPI	ERATED FACILI	TY				
1.a. Facility	location add	lress						
Address	1670 CLAIRMO	ONT ROAD						
	DECATUR	State		0033-4004				
1.b. If the fa township	5.4 Fibrobic footest tool sector, 560		ldress, provi the facility		Westernament (1)			
County/To			Ī					
	State State							
2. Provide the	latitude ar	nd longitude	of the faci	lity in degr	ees.			
Latitude 0	33d45m00s	Longitude	084d23m00s					
3. What is the		7	ess?					
	1670 CLAIRMO	47.200.00000						
City	DECATUR	State	L L	0033-4004				

Facility name: VA MEDICAL CENTER ATLANTA

Federal Facility Identification Number: G A - 3 6 0 0 1 5 4 5 0

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Complete	this	part f	or ea	ch Fede	erally	owned	or ope	rated	facili	ty.	
A. ENVIRON	NMENTA	L MONI	TORIN	G				·			
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2. If	Yes,	what t		Y 117 Y	L	99999999999	nitorin		— 000000000000000000000000000000000000	***************************************	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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Γ	Subs	urface	Gas		Oth	ner (de	escribe)	<u> </u>		
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Yes	5 X	No _									
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Facility name:	VA	MEDICAL	CENTER	ATLANTA
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PART II : ENVIRONMENTAL MONITOR CONTAMINATION AND RE	
Complete this part for each Federally owner	ed or operated facility.
A. ENVIRONMENTAL MONITORING	
4. If monitoring data have been submitted in what form was the information submitted (More than one information source may be in a source may be i	omitted?
RCRA Part B Permit Application	
RCRA Facility Assessment (RFA)	
RCRA Facility Investigation (RFI)	
RCRA Corrective Measures Study	
RCRA Post-Closure Permit	
Application	
Preliminary Assessment/	CA_EDD: EDA DA
Site Investigation (PA/SI)	GA-EPD; EPA R4
Remedial Investigation/ Feasibility Study (RI/FS)	
Remedial Design	
Remedial Action	
Routine Reporting	
RCRA INSPECTION	EPA/GA EPD
Other (describe)	
Other (describe)	
other (describe)	
Other (describe)	
Other (describe)	

Facility name:	VA MEDICAL CENTER ATLANTA

rederal Facility Identif	cation Number:	G	Α	-	3	6	0	0	1	5	4	5	0
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	PART II	: Enviro Con	NMENTA TAMINA			866666666666666	ur sidad (1888) tata	[ERIZA]	rion,	
Compl	ete this	part for	each Fe	derally	owned o	r opera	ted faci	lity.		
A. ENV	'IRONMENT	AL MONITO	RING				-			
5.	8888888888888 XX	ronmental ed to eit	* * ***********************************	5.000 on T	1.44	7 797300000000000		9. t. n. n 6. A. 166 (98. A. 1. n. n.	ere not	
	In p	rocess of	determi	ning if	environ	mental:	monitori	ng is 1	necessary	
	Envi	ronmental	monitor	ing dete	rmined	not to	be neces	sary.		
	Envi	ronmental	monitor	ing nece	essary,	but not	yet imp	olement	ed.	
	Envi	ronmental	monitor	ing imp]	emented	, but r	esults r	ot yet	availabl	e.
	Othe	r (descri	be)							
<u></u>						<u> </u>			2011 1	
B. HYD	ROGEOLOG	IC SITE C	HARACTER	IZATION						
2.	facility Yes Do you l and sur	ydrogeolo y? No X have info face wate oth parts o	In Prog rmation rs withi	ress regardir n one mi	Do No	t Know ocation	of with	ndrawal		
	0.0000000000000000000000000000000000000	o Question	T 1906/00000900000000000000000000000000000	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	974-61. T 1799999999	uestion,	check Ye	s and an	swer	
	Withdra	3, otherwi wal wells waters:		Section No [No [X X					
3.	* 1000000000000000000000000000000000000	re any wi facility		J670 N 11 + 1000000000	r surfa	ce wate	rs withi	n one i	nile	
	Withdraw	wal wells waters:		:] No [] No [
4.	Has info	ormation	concerni	na site	_ charact	erizati	on and/o	r with	drawal	
	8888888888888977 : : : : : : : : : : : : : : : : : :	nd surfac	Q. M.St., 18 (1997).	. Titl: 1000000000	: 965565666666		8986.J.A A9788886.A878	the state of the s	 *** *********************************	

Facility name: VA MEDICAL CENTER ATLANTA

	ONITORING, SITE CHARACTERIZATION, AND RESPONSE ACTIONS
Complete this part for each Federa	lly owned or operated facility.
B. HYDROGEOLOGIC SITE CHARACTERIZAT	ION
	information concerning the hydrogeologic cation of withdrawal wells and surface
Information Source	Regulatory Office Maintaining This Information
Preliminary Assessment/	Maintaining infisitifformation
Site Investigation (PA/	SI)
Remedial Investigation/ Feasibility Study (RI/F	S)
RCRA Part B Permit Applicat	
RCRA Facility Assessment ()	RFA)
RCRA Facility Investigation	n (RFI)
Other (describe)	
Other (describe)	
Other (describe)	
C. ENVIRONMENTAL CONTAMINATION	
environment at the facility? (If the answer is No, check No and Yes and answer Question 2. Yes No X	skip to Section D, Question 1. If Yes, check
	(MESCI IDE)

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VA MEDICAL CENTER ATLANTA

PART II: ENVIRONMENTAL MONITORING, SITE CHARACTERIZATION, CONTAMINATION AND RESPONSE ACTIONS
Complete this part for each Federally owned or operated facility.
C. ENVIRONMENTAL CONTAMINATION
3. Has contamination from this facility extended onto adjacent property?
Yes No Do Not Know
 Is information available concerning a) the amount, nature, toxicity, concentration of wastes or waste constituents, lateral extent, or
environmental impact assessment of any release or: b) the nature and
extent of any off-site contamination? (If the answer is No, check No and skip to Section D, Question 1.
If Yes, check Yes and answer Question 5.) Yes No
5. Has this information been submitted to EPA or an authorized
State?
Yes No

Facility name:	VA	MEDICAL	CENTER	ATLANT

<u>-</u>	<u> </u>
PART II : ENVIRONMENTAL MONITORIN CONTAMINATION AND RES	
Complete this part for each Federally owned	or operated facility.
C. ENVIRONMENTAL CONTAMINATION	
6. If Yes, in what form is the informati (More than one information source may be ide Information Source	
RCRA Part B Permit Application	
RCRA Facility Assessment (RFA)	
RCRA Facility Investigation (RFI)	
RCRA Corrective Measures Study	
RCRA Post-Closure Permit	
Application	
Section 103 Notification	
Preliminary Assessment/	
Site Investigation (PA/SI)	
Remedial Investigation/	
Feasibility Study (RI/FS)	
Remedial Design	
Remedial Action	
Routine Reporting	
Other (describe) (e.g., Reportable Quantity Spill Report; E	IS; EIA; On-site Files)
Other (describe)	
Office (doggriba)	
Other (describe)	

Facility name:	VA MEDICAL	CENTER	ATLANTA		 	
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PART II: ENVIRONMENTAL MONITO	RING, SITE CHA	RACTERIZ	ATION,
CONTAMINATION AND	RESPONSE ACT	IONS	
Complete this part for each Federally ow	ned or operated	l facility.	
D. RESPONSE ACTIONS			
1. Have corrective actions been init	ated at this fa	cility und	ler RCRA
authority? (If the answer is No, check No and skip	to Opertion 3 If	Ves sheck V	as and
answer Question 2.)	to Question 3. 11	ies, check it	zs anu
Yes X No			
2. If yes, provide the status of cor	ective actions	at this fa	cility.
			Not
RCRA Corrective Action Plan	nned Initiated	Complete	<u>Required</u>
RFA			
RF1			
Stabilization/Interim Measures			Ц
Corrective Measures Study			
Corrective Measures Implementation		X	
 Have other remedial or removal act address contamination (including) 	5000000	1969-96 198 DY - 111 - 1979-98	9000 500
been taken at this facility?			
(If the answer is No, check No and skip answer Question 4.)	to Part III. If Ye	s, check Yes	and
Yes: No X			

Facility name:	VA	MEDICAL	CENTER	ATLANTA		-
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[17] A.	NITORING, SITE CHARACTERIZATION, AND RESPONSE ACTIONS
Complete this part for each Federally	owned or operated facility.
D. RESPONSE ACTIONS	
4. If Yes, check the appropriate b	poxes below to indicate what actions have
been taken.	
<u>Activity</u>	Not Planned Initiated Completed Required
PA/SI	
RI/FS	
Remedial Design	
Remedial Action	
Removal	
Additional Studies/ Site Investigations	
Treatment	
Closure	
Environmental Monitoring/Sampling	
Other (describe)	
Other (describe)	
Other <i>(describe)</i>	
Other <i>(describe</i>)	
other (describe)	

Facility name:	VA	MEDICAL	CENTER	ATLANTA		
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PART III: INFORMATION ON RCRA TRI FACILITIES THAT MANAGED HAZ NOVEMBEI	ARDOUS WAS	(1699997) Tigging	884 1 - 1 Colddddddd a	OSAL
Complete this Part for each facility th after November 19, 1980.	at received ha	zardous I	waste <u>or</u>	1 <u>0r</u>
Note: A RCRA facility is all contiguous and improvements on the land, used of hazardous waste on or after No consist of several treatment, st (e.g., one or more landfills, su thereof).	for treating, vember 19, 198 orage, or disp	storing O. A RC osal ope	g, or di RA facil rational	sposing ity may units
1. Is this facility currently, or ha		– v jevesessesses	- 0000000000 + 0 1000	
stored, or disposed of hazardous	waste under RC	RA autho	rity?	
Yes No X				
2. If Yes, provide the <u>RCRA</u> facility	EPA ID number			
3. Indicate whether any of the follo	wing documents	were su	bmitted	to
EPA or an authorized State for th	is RCRA facili	ty.		
Document	Ye	s No		
RCRA Section 3010 Notification				
RCRA Section 3010 Notification				
RCRA Part A Permit Application				
RCRA Part B Permit Application	Γ]		
RCRA Closure Plan	F			
	<u> </u>]		
RCRA Post-Closure Plan	<u>_</u>			5 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
RCRA Section 3019 Exposure Inform	ation			
Report				
RCRA Post-Closure Permit Applicat	ion			
		J		
4. Is the RCRA facility currently op	erating (i.e.,	treatin	g, stori	ng, or
disposing of hazardous waste)?	- Ousation 5 TE	Vac shaa	l Von and	-1-:-
(If the answer is No, check No and answe to Question 6.)	er question 5. II	ies, chec	Cles and	SKIP
Yes No				

Facility name:	VA	MEDICAL	CENTER	ATLANTA
racility name:	V A	MEDICAL	CENTER	ATLANTA

PART	111 : 11	NFORMAT	ION ON R	CRA TRE	ATMEN	T, STORA	GE, AND	DISPO	SAL
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			NU	VEMBEF	(19, 198	U			
1 7		Part for	. 1. 39989835	lity tha	at recei	ved hazaı	rdous wa	ste <u>on</u>	<u>or</u>
<u>after</u> No	vembe:	r 19, 1980).						

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	Gen	erating So	olid or Ha	zardous	Waste				
	Manı	ufacturing	J						
1494	Oth	er Industi	ial			mi sitt vii			
	Rec	reational							
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	legaren - bedektek	Activity							
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		(describ	e - e.g., 1	ecycling)					
	Do 1	Not Know							
			er eus gester i Signification Seculo de l'original de la company						
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Facility name:	VA MEDICAL	CENTER ATLANTA	

	RCRA TREATMENT, STORAGE,	
	AGED HAZARDOUS WASTE ON	UKAFIEK
N	OVEMBER 19, 1980	
Complete this Part for each fa	cility that received hazardou	s waste <u>on or</u>
<u>after</u> November 19, 1980.		
6 Dood this DODA fooility	have hazardous waste manageme	nt units of the
	How many hazardous waste ma	0000
each type does the RCRA		inegement direct
	received hazardous waste <u>on</u>	<u>or after</u> November
19, 1980. This may inclu	de operating units and closed	//closing units.)
Yes No	Numk	er of Units
Containers		
Tanks		
Surface Imp	oundments	
Waste Piles		
Incinerator		
☐ ☐ Landfill	- 3232 - 323 - 323 - 	
Land Treatm	ent	
Underground	Injection	
Other (descr	ibe)	
(e.g., open b	urning, open detonation, geologic r	epository)
Other (descr	ibe)	
	study been conducted for the	- 1
(If the answer is No, check N answer Question 8.)	lo and skip to Part IV. If Yes, ched	ck Yes and
Yes No		

Facility name:	VA	MEDICAL	CENTER	ATLANTA

Federal Facility Identification Number: G A - 3 6 0 0 1 5 4 5 0

PART III: INFORMATION ON RCRA TREATMENT, STORAGE, AND DISPOSAL FACILITIES THAT MANAGED HAZARDOUS WASTE ON OR AFTER NOVEMBER 19, 1980

Complete this Part for each facility that received hazardous waste <u>on or after</u> November 19, 1980.

8. Indicate the type and number of solid waste management units (SWMUs) at the RCRA facility which have been identified in an RFA.

<u>Type</u>		<u>Number</u>	of Uni	<u>ts</u>	
Container Storage Areas			1,,;;;;;;		
Tanks					
Surface Impoundments					
Waste Piles					
Incinerator					
Landfill					
Land Treatment					
Underground Injection					
Open Burning / Open Detonati	on				
Exempt Units					
(e.g., wastewater treatment, recy	cling)				
Other describe - e.g., routine	product spills	vehicle	mainte	nance a	reas
storm water ponds)		,			
Other					
(describe)					

Facility name:	VA	MEDICAL	CENTER	ATLANTA		 	

PART IV: INFORMATION ON DISPOSAL OF HAZARDOUS SUBSTANCES

Complete this Part for each Federally owned or operated facility at which hazardous substances were <u>disposed</u>. <u>Do not</u> include those SWMUs reported in Part III as a result of an RFA. For Part IV of the inventory, disposal means the discharge, deposit, injection, dumping, spilling, leaking, or placing of any hazardous substance into or on any land or water so that such hazardous substances or any constituent thereof may enter the environment or be emitted into the air or discharged into any waters, including ground waters.

vaters.	icers, incruding ground
1. Are there any of the areas at the facility bein CERCLA authority?	
(If the answer is No, check No and do not answer Question Yes and proceed to Question 2.)	ns 2 or 3. If Yes, check
Yes No X	
2. Are any of the areas referred to in Question 1 the NPL?	listed or proposed on
Yes No Do Not Know	
 Identify the hazardous substances disposed of a areas referred to in Question 1. 	nt the site in the
Types of Hazardous Substances Disposed	1
	\dashv

(Attach additional pages if necessary.)